

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4132

File No. _____
Registered No. 5
St. _____ Ward _____

1. PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME

James M. Matts
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30-1854

7. AGE YEARS MONTHS DMS IF LESS than 1 day, hrs. or min.
76 5 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer 34
(b) General nature of industry, business, or establishment in which employed (or employer) Lucas Packing Co.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Arrow Rock Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER David L. Matts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Bingham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT D. J. Matts
(Address) Marshall Mo.

15. FILED 1-12-31 Mrs. John H. McQuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 6, 1931, that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at 6 19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism (infant)
9:30 AM

11A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic myocarditis
(SECONDARY) (duration) Several yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical Signs
(Signed) H. Thompson, M. D.

1/7, 1930 (Address) Marshall, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Arrow Rock Cem Jan 9 1931
20. UNDERTAKER _____ ADDRESS _____

R. M. Campbell Marshall

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1931
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